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-242-B

PART FEE

MAILING INSTRUCTIONS: This form should be used for transmitting the ISSUE FEE. Blocks 2 through 6 should be completed where appropriate. All further correspondence including the Issue Fee Receipt, the Patent, advanced orders and notification of maintenance fees will be mailed to addressee entered in Block 1 unless you direct otherwise, by: (a) specifying a new correspondence address in Block 3 below; or (b) providing the PTO with a separate "FEE ADDRESS" for maintenance fee notifications with the payment of Issue Fee or thereafter. See reverse for Certificate of Mailing.

MAILED BY 37 MAY 30 1989 PAT & TRADEMARK OFFICE <i>[Handwritten signature]</i>		2. INVENTOR(S) ADDRESS CHANGE (Complete only if there is a change)	
		INVENTOR'S NAME Ole K. Nilssen	
		Street Address Caesar Drive	
		City, State and ZIP Code Barrington, IL 60010	
		CO-INVENTOR'S NAME	
		Street Address	
		City, State and ZIP Code	
<input type="checkbox"/> Check if additional changes are on reverse side			

SERIES CODE/SERIAL NO.	FILING DATE	TOTAL CLAIMS	EXAMINER AND GROUP ART UNIT	DATE MAILED
07/020,478	03/02/87	021	POWELL, M	242 06/14/89
First Named Applicant	OLE K. NILSEN			CERTIFY THAT THE DATE OF DEPOSIT WITH THE U.S. POSTAL SERVICE OF THIS PAPER OR FEE IS: <i>[Signature]</i>
TITLE OF INVENTION	SELF-BALLASTED SCREW-IN FLUORESCENT LAMP			
ATTY'S DOCKET NO.	CLASS-SUBCLASS	BATCH NO.	APPLN. TYPE	SMALL ENTITY
2	315-072,000	R97	UTILITY	YES \$280.00 07/14/89

Further correspondence to be mailed to the following:	4. For printing on the patent front page, list the names of not more than 3 registered patent attorneys or agents OR alternatively, the name of a firm having as a member a registered attorney or agent. If no name is listed, no name will be printed.
Ole K. Nilssen Caesar Drive Barrington, Illinois 60010	1 _____ 2 _____ 3 _____

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5. ASSIGNMENT DATA TO BE PRINTED ON THE PATENT (print or type)	6a. The following fees are enclosed: <input checked="" type="checkbox"/> Issue Fee <input type="checkbox"/> Advanced Order - # of Copies _____
(1) NAME OF ASSIGNEE:	6b. The following fees should be charged to: (Minimum of 10) DEPOSIT ACCOUNT NUMBER _____ <input type="checkbox"/> Issue Fee <input type="checkbox"/> Advanced Order - # of Copies _____ <input type="checkbox"/> Any Deficiencies in Enclosed Fees (Minimum of 10) _____
(2) ADDRESS: (City & State or Country)	The COMMISSIONER OF PATENTS AND TRADEMARKS is requested to apply the Issue Fee to the application identified above. (Signature or name in interest of record) _____ (Date) <i>[Signature]</i> <i>5/24/89</i>
(3) STATE OF INCORPORATION, IF ASSIGNEE IS A CORPORATION	
A. <input type="checkbox"/> This application is NOT assigned. <input type="checkbox"/> Assignment previously submitted to the Patent and Trademark Office. <input type="checkbox"/> Assignment is being submitted under separate cover. Assignments should be directed to Box ASSIGNMENTS.	PLEASE NOTE: Unless an assignee is identified in Block 5, no assignee data will appear on the patent. Inclusion of assignee data is only appropriate when an assignment has been previously submitted to the PTO or is being submitted under separate cover. Completion of this form is NOT a substitute for filing an assignment.
NOTE: The Issue Fee will not be accepted from anyone other than the applicant, a registered attorney or agent; or the assignee or other party in interest as shown by the records of the Patent and Trademark Office.	

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